

A.D. 8.8, Psychoactive Medication

Prepared for signature 7/15/99 - effective 8/16/99

1. Policy. The Department of Correction shall ensure the safe and effective use of psychoactive medications for inmates.
2. Authority and Reference.
 - A. Connecticut General Statutes, Section 18-81.
 - B. American Correctional Association, Standards for Adult Correctional Institutions, Third Edition, January 1990, Standards 3-4341 and 3-4342.
 - C. American Correctional Association, Standards for Adult Local Detention Facilities, Third Edition, March 1991, Standards 3-ALDF-4E-17 and 3-ALDF-4E-18.
 - D. National Commission of Correctional Health Care, Standards for Health Services in Prisons, 1992, P-70.
3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Mental Health Emergency. An immediate response to an individual in psychiatric crisis when the lack of an intervention may jeopardize the safety or well being of the individual, staff, other inmates or the environment.
 - B. PRN Medication Order. A medication ordered by a physician to be administered on an as needed basis.
 - C. Psychoactive Medications. Medications used in the treatment of psychiatric disorders.
4. Administration. Psychoactive medications shall be administered only by physicians, registered or licensed nurses, and others legally authorized.
 - A. Administration of PRN Medication. The decision to administer a psychoactive medication to an inmate on a "prn" basis shall be made only by a physician, registered or licensed nurse. The reason and effectiveness of the medication shall be documented in the health record. No order on a "prn" basis shall be written for longer than two (2) weeks.
 - B. Telephone Orders. Requests for a physician's telephone order for psychoactive medication shall only be made by a registered nurse. Telephone orders shall be signed by a physician, physician assistant, or Advanced Practice Registered Nurse within 72 hours.
 - C. Consultation and Consent. Prior to prescribing a medication that is indicated, an inmate shall be educated regarding the reasons for the medication, the advantages and disadvantages of the treatment, any medically acceptable alternative treatment, the risks associated with receiving the proposed treatment and the risk of no treatment. The inmate's informed consent shall be documented on the HR503, Consent for Treatment with Psychoactive Medication form, Attachment A. The inmate's refusal shall be documented in the progress notes.
 - D. Involuntary Administration of Psychoactive Medication. Psychoactive medication shall be involuntarily administered only

for a mental health emergency, when less restrictive or intrusive measures have been employed or have been judged by the treating physician to be inadequate. Staff shall document the nature of the emergency, the attempted interventions and the outcome in the inmate's health record. Psychoactive Medication may be involuntarily administered for up to 72 hours for males and 24 hours for females, utilizing short serum life duration medication. Should the prescribing physician determine that it is necessary to continue to involuntarily medicate the inmate, the following shall occur:

1. The physician shall notify the Health Services Administrator (CPHSA) utilizing the Involuntary Medication Hearing Referral form, HR512, Attachment B.
 2. The CPHSA or designee shall convene a panel chaired by the CPHSA or designee and consist of a minimum of two (2) additional clinicians: at least one (1) psychiatrist and at least one (1) health services staff person as deemed appropriate. No member of the panel shall be involved in the current treatment or diagnosis of the inmate.
 3. The panel shall give the inmate at least 24 hours notification of the meeting, notification of the tentative diagnosis and the factual basis for the diagnosis, and why the staff believes medication is necessary. This notification shall be documented on the Notification of Mental Health Board Hearing form, HR513, Attachment C. No medication shall be administered before the panel is convened subsequent to the inmate's notification.
 4. The inmate shall attend the full panel proceedings represented by an assigned advocate. The inmate and/or advocate shall be allowed to present evidence, including witnesses, and cross-examine staff witnesses.
 5. The panel shall review the prescribing physician's findings, interview the inmate, and arrive at a decision. The panel shall base its decision on the following criteria: the inmate meets the criteria for a mental health emergency; or the inmate's condition will rapidly deteriorate to the point of constituting a mental health emergency if the medication is discontinued. A unanimous panel decision shall justify the use of involuntary medication.
 6. The inmate shall receive written notification of the hearing results.
5. Prescription. Psychoactive medication shall be initiated, renewed, discontinued, and/or changed only by order of a physician or an Advanced Practice Registered Nurse.
- A. Orders for Psychoactive Medication. Psychoactive medication orders shall be written on a Physician's Order Form and shall include: (1) the full legal signature of the person prescribing the medication; (2) date and time; (3) name of medication; (4) strength; (5) dose; (6) route of administration; (7) frequency; and (8) duration.
 - B. Documentation. With the exception of a mental health emergency, psychoactive medication shall be given only when the following documentation is in the inmate's health record:

1. medical and mental health history;
2. a recent physical examination (1 year or less);
3. a diagnosis, (or provisional diagnosis that must be changed to a diagnosis within 30 days of medication initiation). The diagnosis shall be documented on the Initial Psychiatric Evaluation form, HR507, Attachment D;
4. a record of past psychoactive medication, all current medications and any known allergies or contraindications;
5. completed Consent for Treatment with Psychoactive Medication form, HR503, Attachment A;
6. completed Initial Psychiatric Evaluation form, Attachment D, which includes target behaviors or symptoms for which medication is prescribed;
7. laboratory test results per protocol and/or deemed necessary by the prescribing physician;
8. pregnancy tests for female inmates
9. a copy of the prescribing Physician's Order Form is to be retained in the health record; and
10. baseline Abnormal Involuntary Movement Scale (AIMS) form, HR506, Attachment E, should be completed by prescribing physician when prescribing psychoactive medication.

6. Monitoring. Inmates for whom psychoactive medication is initiated, changed, or discontinued, shall be seen by a physician or registered nurse within one (1) week. Inmates on psychoactive medication shall be examined by a physician or Advanced Practice Registered Nurse at a minimum of once every 30 days. The examining physician or Advanced Practice Registered Nurse shall document side effects and continuing effectiveness of the medication in the health record. An inmate prescribed psychoactive medication for 12 weeks or more shall be evaluated by a physician, registered or licensed nurse for the presence of tardive dyskinesia. If medication is continued, the inmate shall be reevaluated at a minimum of six (6) months or as clinically indicated. Such evaluation shall include completing an Abnormal Involuntary Movement Scale (AIMS) form, HR506, Attachment E, which shall be kept in the health record.

Each facility shall develop a plan that provides for the monitoring of inmates on psychoactive medication who may be at risk for heat exhaustion. The plan shall include staff training, inmate education and appropriate environmental conditions.

7. Records and Documentation. A Medication Administration Record shall be kept for any inmate receiving psychoactive medication. It shall include inmate allergies to medication. The staff administering the medication shall document each dose offered and whether it was taken or refused. Documentation regarding medication or significant changes in medication shall be described in the health record of all inmates on psychoactive medication.
8. Discharge Medications. The physician shall be advised whenever an inmate receiving prescribed medication is scheduled for release to the community. The physician or Advanced Practice Registered Nurse shall determine if the inmate will be released with or without medication in accordance with the following:

- A. Furlough. Inmates releasing to furlough may receive a supply of medication sufficient for the duration of the furlough. The medication shall be given to the inmate with instructions by Health Services staff authorized to administer medication.
 - B. Discharge, Parole or Transitional Supervision. Inmates releasing to discharge, parole or Transitional Supervision may receive up to a two (2) weeks supply of medication ordered by the physician or Advanced Practice Registered Nurse.
 - C. Halfway House. Inmates transferring to a halfway house, who are in Community Release status may receive a two (2) week supply of their prescribed medication. Those inmates shall receive refills, if prescribed, as well as newly prescribed medication. The physician or Advanced Practice Registered Nurse shall document the instruction given in the inmate health record. Medication and/or supplies shall be packaged and labeled by the pharmacy. The medication shall be given to the inmate with instructions by Health Services staff who is authorized to administer medication.
9. Exceptions. Any exception to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.